
WISCONSIN MEDICAID UPDATE

JULY 9, 1996

UPDATE 96-24

TO:
DME Vendors
Home Health Agencies
Nursing Homes
Occupational Therapists
Orthotists
Pharmacies
Physical Therapists
Prosthetists
Rehabilitation Agencies
Speech and Language
Pathologists
Therapy Groups

DME Policy Clarification: General Requirements, Wheelchairs and Wheelchair Accessories

This *Update* contains policy clarification of durable medical equipment (DME) general requirements, wheelchairs, and wheelchair accessories.

✧ *Attachment 1* - General DME Requirements

This attachment applies to *all* DME. The attachment replaces all of Section II-B, General Requirements (DME) in the DME (Part N) provider handbook, except for the Repairs section.

✧ *Attachment 2* - Policy Clarification for Wheelchairs and Wheelchair Accessories

This attachment applies only to wheelchairs and their accessories and replaces information on wheelchairs and wheelchair accessories in the DME (Part N) provider handbook in the following sections:

- Section II-E, Wheelchairs and Wheelchair Accessories (DME)
- "Wheelchairs for Nursing Home Recipients" and "Special Adaptive or

Power/Motorized Wheelchairs" in Section II-J, Services for Nursing Home Recipients [DME and disposable medical supplies (DMS)]

- Section III-D, Wheelchairs and Wheelchair Accessories (DME)
- "DME Provided to Nursing Home Recipients," in Section III-H
- "Billing for Wheelchair Seating Systems" in Section IV-H

✧ *Attachment 3* - Coverage of Wheelchair Options and Accessories

This attachment replaces Attachment 2 sent with the memorandum dated December 12, 1994, conveying the revised DME Index.

✧ *Attachment 4* - Wheelchair Options and Accessories

This attachment replaces Attachment 3 sent with the memorandum dated December 12, 1994, conveying the DME Index.

Attachment 1

General DME Requirements

(This attachment replaces all of Section II-B in the DME (Part N) provider handbook, except for the Repairs section.)

Prescriptions

All DME, including repairs, must be prescribed by a physician, podiatrist, nurse practitioner, or chiropractor. Podiatrists, nurse practitioners, and chiropractors may prescribe DME only within their scope of practice.

The prescribed item must be necessary and reasonable for treating an illness or injury, or for improving the function of a malformed body part. All items must be suitable for use in the recipient's place of residence.

Unlisted Items

If a DME item is prescribed that does not have a specific procedure code in the DME Index, the provider must request prior authorization for the DME item using the appropriate "not otherwise classified" procedure code listed in the DME Index.

Life Expectancy

The life expectancy for each purchased DME item is listed in the DME Index. Replacement of an item before the end of its life expectancy *always* requires prior authorization.

Rental

Depending on the item, certain DME can be rented for a period of time without prior authorization. Refer to the DME Index for specific rental periods per item. Rentals beyond the time periods indicated in the Index always require prior authorization.

We reserve the right to determine whether an item is purchased or rented for the recipient. In most cases, the item is purchased. If short-term use only is needed, or if the recipient's prognosis is poor, the item is rented.

Equipment rental is covered only as long as medical necessity exists. If equipment is returned before the expiration date on the prior authorization request form because it is no longer needed, you must bill based on the actual dates of service the equipment was rented.

Hardware

The cost of hardware used to assemble DME is generally included in the reimbursement for the part or equipment. Only in exceptional circumstances, with prior authorization, will a separate charge be allowed for hardware when using a specific code for the part.

When using a "not otherwise classified" code for the part, the hardware should be included in the description as one line item with the part, not a separate line item. The hardware must be identified and described.

Attachment 2

Clarification of Policy for Wheelchairs and Wheelchair Accessories

(This replaces the wheelchair/wheelchair accessory information in the DME (Part N) provider handbook in the following sections: Section II-E, II-J, III-D, III-H, IV-H, and provides additional billing information.)

Wheelchair Definitions

Manual Wheelchair -

A manually propelled, wheeled mobility base, sized to accommodate individual measurements in recipient size, weight and height, including all variations of arm, leg and foot rests.

Powered Wheelchair -

A wheeled mobility base propelled by a motor, sized to accommodate individual measurements in recipient size, weight, shape and height, including all variations of arm, leg and foot rests.

Custom Wheelchair -

A wheelchair that is uniquely designed, from a model or detailed measurement of a recipient, and is constructed to meet a recipient's exceptional medical needs as specified and documented by the recipient's attending physician. This does not include equipment that is modified, fabricated or fit from pre-manufactured components or modules.

Standard Wheelchair -

Manual and power wheelchairs not meeting the definition of custom, but including frame adaptations designed to accommodate individual disabilities and provide mobility. Examples of standard wheelchairs are:

- extra wide
- narrow
- tall
- ultra-light
- supra-light
- one-arm drive
- amputee
- pediatric
- heavy-duty
- reclining
- ultra-hemi
- supra-hemi
- high strength
- hemi-height
- semi-reclining
- light-weight
- tilt-in-space

Covered Services and Limitations

General Information -

Covered wheelchairs and wheelchair accessories are listed by procedure code in the DME Index.

Use "not otherwise classified" wheelchair codes (e.g., K0009, K0014, K0108) only when there is no other code or combination of codes to describe the wheelchair or wheelchair accessory. When using a "not otherwise classified" code, you must include with your prior authorization request a description of the equipment and reason why none of the specific codes listed in the DME Index are appropriate.

Custom equipment is covered only when it is medically necessary and the *only* available means for meeting the recipient's medical needs.

All wheelchair purchases require prior authorization, except those reimbursed through the nursing home daily rate. (107.02(3)(e), Wis. Admin. Code, lists review criteria for prior authorization.)

We consider the recipient's diagnosis, prognosis, and living arrangements before approving a wheelchair. When deciding what mobility device to provide, you must always consider the place of use and the recipient's physical and cognitive ability level. According to 101.03 (96m), Wis. Admin. Code, the service must meet all of the following standards:

- ✓ must be cost-effective compared to alternative services
- ✓ must be the most appropriate supply or level of service that can safely and effectively be provided to the recipient
- ✓ cannot be provided solely for the convenience of the recipient, the recipient's family, or a provider
- ✓ cannot be duplicative of other services being provided to the recipient

Two Wheelchairs for One Recipient -

If a recipient owns a powered wheelchair, Wisconsin Medicaid may approve the purchase of a manual wheelchair when the provider demonstrates medical necessity for the manual wheelchair. The following examples are *not* considered medically necessary (101.03 (96m), Wis. Admin. Code):

- The powered wheelchair cannot be transported in the family vehicle.
- A physician's office, dentist's office, recipient's home, or school is inaccessible with the powered wheelchair.
- The recipient could more readily socialize by using a manual wheelchair.

Wisconsin Medicaid covers the rental of a wheelchair or wheelchair equipment while a recipient's wheelchair is being repaired.

Duplicate services cannot be approved, e.g., two manual wheelchairs.

Wheelchair Options and Accessories -

Attachment 3 indicates whether a wheelchair option/accessory is allowable at the time of the initial issue of the wheelchair, as an add-on, or as a replacement following expiration of the Wisconsin Medicaid life expectancy of the option/accessory.

Attachment 4 indicates which wheelchair options and accessories are included in the reimbursement for the wheelchair base codes and option and accessory codes.

Prior authorization requirements were recently removed for many routinely replaced wheelchair parts. Since parts replacement in nursing homes is limited to recipient-owned powered

wheelchairs and custom adaptive wheelchair positioning systems, claims for parts replacement will be monitored on a post-pay basis.

Refer to the "Wheelchair Accessory" section of the DME Index for prior authorization requirements and additional information on wheelchair accessory procedure codes.

Wheelchair Seated Positioning Systems - Wheelchair seated positioning components or seated systems affixed to a recipient's wheelchair are not considered orthoses or orthotics. These wheelchair components or systems require prior authorization and must be billed using wheelchair accessory procedure codes. Do not use orthotic or home health procedure codes to bill these components.

Wheelchair Repairs -

Use procedure code E1350, "Repair or non-routine service requiring a technician" to bill for wheelchair repairs. Repairs over \$150 require prior authorization. Also see "Repair of Wheelchairs in Nursing Homes" in this attachment.

Wheelchairs in Nursing Homes

Wheelchairs Reimbursed Through the Nursing Home Daily Rate -

Wheelchairs must be provided by nursing facilities in sufficient quantity to meet the health needs of patients who are recipients.

Nursing homes which specialize in providing rehabilitative services and treatment for the developmentally or physically disabled, or both, shall provide the special equipment, including wheelchairs adapted to the recipient's disability, and other adaptive prosthetics, orthotics, and equipment necessary for the provision of these services. The facility must provide replacement wheelchairs for recipients who have changing wheelchair needs. All standard manual wheelchairs are reimbursed through the nursing home daily rate. (See "Wheelchair Definitions" on page 3.)

Powered Wheelchairs and Wheelchair Positioning Systems Not Included in the Nursing Home Daily Rate -

Custom adaptive wheelchair positioning systems and powered wheelchairs are not included in the nursing home daily rate. They are separately reimbursable, when medically necessary, and when prior authorized by Wisconsin Medicaid under the following conditions:

- ① A medically necessary adaptive wheelchair positioning system is personalized in nature and custom-made to fit one recipient only, and is used only by that recipient.



Please note the following correction:

The "Methods of Implementation for Title XIX Nursing Home Payment Rates," Section 5, includes positioning equipment for wheelchairs and Roho or similar flotation cushions among equipment to be reimbursed through the nursing home daily rate. Accordingly, procedure code E0192, "Low pressure and positioning equalization pad for wheelchair" (for example, Roho, Jay or equivalent pad) is not separately payable for a nursing home resident. Please correct your DME Index by removing the "R" in the "NH" field.

- ② The powered wheelchair is justified by the diagnosis, prognosis, and occupational or vocational activities of the recipient.

There is one exception to this: A standard wheelchair may be approved if the recipient is transferring from a nursing home to a more independent setting. In this situation, the prior authorization request must include documentation from the physician of the discharge date and new setting location.

Wheelchair rentals for nursing home recipients are not separately reimbursable.

Repair of Wheelchairs in Nursing Homes - Repair of a recipient-owned standard manual wheelchair in a nursing home is not covered by Wisconsin Medicaid unless the recipient is about to transfer to a more independent setting. (The nursing home is, however, responsible for providing a wheelchair as needed.)

Repair of a recipient-owned powered wheelchair or a custom adaptive wheelchair positioning system is reimbursed separately by Wisconsin Medicaid. Repairs over \$150 require prior authorization.

Prior Authorization for Wheelchairs

General Information -

The purchase of all wheelchairs and most wheelchair accessories and parts require prior authorization. The DME Index indicates when prior authorization is required.

Use these documentation guidelines when requesting prior authorization for a wheelchair:

- ① Include a prescription from a physician.
- ② Document the manufacturer, brand name, and model number for the wheelchair and all wheelchair accessories.
- ③ Document all of the following (be as specific as possible):
 - ✓ medical necessity for each item requested as justified by the individual recipient's condition
 - ✓ therapist evaluation of recipient and justification for the requested wheelchair, if available
 - ✓ independent use (trial or history) and description of recipient abilities with the equipment, including transfers
 - ✓ caregiver involvement
 - ✓ accessibility of recipient's home (e.g., ramps, doorways, bathroom halls, kitchen)
 - ✓ how the wheelchair will be transported
 - ✓ specific activity involvement
 - ✓ height and weight of the recipient

④ In addition to the above, a prior authorization request for a powered wheelchair for a nursing home recipient must include the recipient's current occupational or vocational activities. Medical records from the facility in which the recipient resides may contain the necessary information to verify that the approval criteria for wheelchair reimbursement have been met. These documents may be submitted as an attachment to the prior authorization request. None of the following are considered medically necessary justifications for a powered wheelchair for a nursing home recipient:

- independent mobilization of a wheelchair within or outside the facility
- prevocational skills

(Also see "Wheelchairs in Nursing Homes.")

If, following submission and approval of a prior authorization request, you determine that a different brand or model would best meet the needs of a recipient, you should submit a written amendment request.

Continued rental of manual wheelchairs after 60 days of rental requires prior authorization. The prior authorization request must describe why the need is of short-term duration. Rental of a wheelchair may be approved for a time period not to exceed six months beyond the initial 60 days. Rental of manual wheelchairs is not separately reimbursable for nursing home recipients.

Power-Operated Vehicle (Rear Wheel Drive) -

To request prior authorization for a power-operated, three-wheel, non-highway vehicle with *rear wheel drive*, use the procedure code for a power-operated vehicle and add the modifier "30". Include the vehicle brand name and model and the reasons to verify medical necessity of rear wheel drive.

Billing for Wheelchairs

As with all other Medicaid services, Wisconsin Medicaid is the payer of last resort for reimbursement of wheelchairs and repairs. This includes coverage provided by Medicare, health insurance, wheelchair "lemon" laws, auto and home insurance, workers' compensation, warranties or other payment sources.

Providers must accurately and completely submit claims or payment demands to any health insurance having liability for maintenance, servicing or repair of wheelchairs, *before* billing Wisconsin Medicaid. Providers must refund or request recoupment from Wisconsin Medicaid when payment is obtained from other sources after Wisconsin Medicaid payment.

Procedure codes exist for wheelchair components that are also part of an item described by another more-inclusive code. Prior authorization requests submitted for a separately coded component *and* for a code which includes the separately coded component will be denied. Such requests constitute duplicate billing (also referred to as "fragmented" or "unbundled" billing).

Some options/accessories are separately reimbursable when dispensed at the time of initial issue of the wheelchair, while some are separately reimbursable at a later time as an add-on or replacement. (See Attachment 3.) Some coding relationships for wheelchairs and wheelchair options and accessories are included in Attachments 3 and 4.

Attachment 3

Coverage of Wheelchair Options and Accessories

The following table designates whether a wheelchair option/accessory (designated by an "X" in the applicable column) is allowable at the time of the initial issue of the wheelchair, later as an add-on, or as a replacement following expiration of the Wisconsin Medicaid life expectancy of the option/accessory. All services must be medically necessary. For add-ons and replacements, the date of the wheelchair purchase must be indicated on the prior authorization request form.

Applicable time frames are calculated based on the following definitions and formula.

- "Initial issue" refers to wheelchair options/accessories requested on the same date of service as the initial issue of the wheelchair.
- "Add-on" refers to wheelchair options/accessories requested one or more days after the date of service of the initial issue of the wheelchair, until the end of the life expectancy limitation of the wheelchair option/accessory as listed in the DME Index. This is calculated from the date of service of the initial issue of the wheelchair.
- "Replacement" refers to wheelchair options/accessories requested after the expiration of the life expectancy of the wheelchair option/accessory as listed in the DME Index. This is calculated from the date of service of the initial issue of the wheelchair.

Note: All procedure codes for options and accessories apply to wheelchairs. Procedure codes with an asterisk (*) apply to *both* wheelchairs and scooters.

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH			X
K0016	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, COMPLETE ASSEMBLY, EACH	X	X	X
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH			X
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION EACH			X
K0019	ARM PAD, EACH			X
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR			X
K0021	ANTI-TIPPING DEVICE, EACH	X	X	X
K0022	REINFORCED BACK UPHOLSTERY		X	X
K0023	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED WITH STRAPS	X	X	X

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0024	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, WITH ADJUSTABLE HOOK-ON HARDWARE	X	X	X
K0025	HOOK-ON HEADREST EXTENSION	X	X	X
K0026	BACK UPHOLSTERY FOR ULTRA LIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR			X
K0027	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRA LIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR			X
K0028	FULLY RECLINING BACK (MANUALLY OPERATED)	X	X	X
K0029	REINFORCED SEAT UPHOLSTERY		X	X
K0030	SOLID SEAT INSERT, PLANAR SEAT, SINGLE DENSITY FOAM	X	X	X
K0031	SAFETY BELT/PELVIC STRAP	X	X	X
K0032	SEAT UPHOLSTERY FOR ULTRA LIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR			X
K0033	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHT WEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR			X
K0034	HEEL LOOP, EACH	X	X	X
K0035	HEEL LOOP WITH ANKLE STRAP, EACH	X	X	X
K0036	TOE LOOP, EACH	X	X	X
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	X	X	X
K0038	LEG STRAP, EACH	X	X	X
K0039	LEG STRAP, H STYLE, EACH	X	X	X
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	X	X	X
K0041	LARGE SIZE FOOTPLATE, EACH	X	X	X
K0042	STANDARD SIZE FOOTPLATE, EACH			X
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH			X
K0044	FOOTREST, UPPER HANGER BRACKET, EACH			X
K0045	FOOTREST, COMPLETE ASSEMBLY			X

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH			X
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH			X
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY	X	X	X
K0049	CALF PAD, EACH			X
K0050	RATCHET ASSEMBLY			X
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEG REST, EACH			X
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH			X
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	X	X	X
K0054	SEAT WIDTH OF 10", 11", 12", 15", 17", OR 20" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRA LIGHTWEIGHT WHEELCHAIR	X		
K0055	SEAT DEPTH OF 15", 17", OR 18" FOR A HIGH STRENGTH, LIGHTWEIGHT OR ULTRA LIGHTWEIGHT WHEELCHAIR	X		
K0056	SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	X		
K0057	SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHAIR	X		
K0058	SEAT DEPTH 17" OR 18" FOR MOTORIZED/ POWER WHEELCHAIR	X		
K0059	PLASTIC COATED HANDRIM, EACH	X	X	X
K0060	STEEL HANDRIM, EACH			X
K0061	ALUMINUM HANDRIM, EACH			X
K0062	HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS, EACH	X	X	X
K0063	HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS, EACH	X	X	X
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERTS), ANY SIZE, EACH	X	X	X
K0065	SPOKE PROTECTORS	X	X	X

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0066	SOLID TIRE, ANY SIZE, EACH			X
K0067	PNEUMATIC TIRE, ANY SIZE, EACH			X
K0068	PNEUMATIC TIRE TUBE, EACH			X
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH			X
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH			X
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH			X
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH			X
K0073	CASTER PIN LOCK, EACH			X
K0074	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	X	X	X
K0075	SEMI-PNEUMATIC CASTER TIRE, ANY SIZE, EACH			X
K0076	SOLID CASTER TIRE, ANY SIZE, EACH			X
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH			X
K0078	PNEUMATIC CASTER TIRE TUBE, EACH			X
K0079	WHEEL LOCK EXTENSION, PAIR	X	X	X
K0080	ANTI-ROLLBACK DEVICE, PAIR	X	X	X
K0081	WHEEL LOCK ASSEMBLY, COMPLETE, EACH			X
K0082	22 NF DEEP CYCLE LEAD ACID BATTERY, EACH (NH PATIENTS MUST OWN WHEELCHAIR)	X		X
K0084	GROUP 24 DEEP CYCLE LEAD ACID BATTERY, EACH (NH PATIENTS MUST OWN WHEELCHAIR)	X		X
K0086	U-1 LEAD ACID BATTERY, EACH (NH PATIENTS OWN WHEELCHAIR)	X		X
K0088	BATTERY CHARGER, LEAD ACID OR GEL CELL			X
K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH			X

Procedure Code	Description	Initial Issue	Add-on	Replacement
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE, EACH			X
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH			X
K0093	REAR WHEEL, ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR, ANY SIZE, EACH			X
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH			X
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH			X
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH			X
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH			X
K0098	DRIVE BELT FOR POWER WHEELCHAIR			X
K0099	FRONT CASTER FOR POWER WHEELCHAIR			X
K0100	AMPUTEE ADAPTER, PAIR	X	X	X
K0101	ONE-ARM DRIVE ATTACHMENT	X	X	X
K0102*	CRUTCH AND CANE HOLDER	X	X	X
K0103*	TRANSFER BOARD, <25"	X	X	X
K0104*	CYLINDER TANK CARRIER	X	X	X
K0105*	IV HANGER	X	X	X
K0106	TROUGH, EACH	X	X	X
K0107	WHEELCHAIR TRAY	X	X	X
K0108*	OTHER ACCESSORIES	X	X	X

Attachment 4

Wheelchair Options and Accessories

Reimbursement for the wheelchair options and accessories listed in Column II is either included in the reimbursement for the item(s) listed in Column I when provided on the same date of service, or may duplicate an item in Column I and is not payable when provided on the same date of service.

Column I	Column II
E1230	K0082, K0084, K0086, K0088
E1230-30	K0082, K0084, K0086, K0088
K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009	K0015, K0017, K0018, K0019, K0020, K0022, K0026, K0027, K0029, K0032, K0033, K0042, K0043, K0044, K0045, K0046, K0047, K0049, K0050, K0051, K0052, K0060, K0061, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0075, K0076, K0077, K0078, K0081
K0010, K0011, K0012, K0013, K0014	K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0049, K0050, K0051, K0052, K0066, K0067, K0068, K0069, K0070, K0071, K0072, K0073, K0075, K0076, K0077, K0078, K0081, K0088, K0090, K0091, K0092, K0093, K0094, K0095, K0096, K0097, K0098, K0099
K0016	K0015, K0017, K0018, K0019, K0020
K0035	K0034
K0039	K0038
K0045	K0042, K0043, K0044
K0046	K0043
K0047	K0044
K0048	K0042, K0043, K0044, K0045, K0046, K0047, K0049
K0053	K0045, K0048
K0069	K0066
K0070	K0067, K0068
K0071	K0074, K0078
K0072	K0075
K0077	K0076
K0092	K0090, K0091
K0096	K0094, K0095